

place a higher priority on prevention and wellness, saving lives as well as money. It is time to reform health care so all Americans can compare the costs and benefits of different health care policies. It is time to reform health care so Americans have more choices, not less, and can choose their own doctor.

I applaud the members of the Finance Committee and the Health, Education, Labor, and Pensions Committee in the Senate, as well as our counterparts in the House, for their sincere dedication, their thoroughness, and their commitment to crafting legislation that truly will transform the health care system in this country.

It is clear this is not an easy task and is one that will require true compromise from everyone across the ideological spectrum, but it is a task that must be done. Our country and the health of its citizens, as well as the economy, cannot afford to maintain the status quo.

As the members of these committees gather to discuss and ultimately mark up legislation, I encourage them to include a viable public option in a menu of insurance options from which Americans may choose. It will be—and let me stress this—it would be a purely voluntary option.

If you like your current plan, you keep it. But a public health insurance option is critical to ensure the greatest amount of choice possible for consumers. There are too many Americans who do not have real choices when it comes to health insurance, especially those who live in rural areas.

In addition, many large urban areas are dominated by one or two insurers that serve more than 60 percent of the market. In fact, there are seven States where one insurer has over 75 percent of the market share.

A public option can help Americans expand their choice of insurance provider. A public option could take various forms, and I think the committees are the proper place to determine the appropriate contours of a public option.

I think a good starting point for discussion is the proposal put forward by my colleague from New York, Senator SCHUMER. It delivers all the benefits of increased competition without relying on unfair, built-in advantages for the federally backed option.

This public option would not be subsidized by the government or partnered with Medicare. It would not be supported by tax revenue. It would compete on a level playing field with the private insurance industry. If a level playing field exists, then private insurers will have to compete based on quality of care and pricing, instead of just competing for the healthiest consumers.

This is just one proposal for public option. There are others we can debate as we move forward.

Right now, more than 30 State governments offer their employees a

choice between traditional private insurance and a plan that is self-insured by the State. Some of them have had them for more than 15 years.

In these States, the market share of the self-funded plans within the market for State employees typically ranges from 25 to 40 percent. This shows a healthy competition between the public option and private insurers, not domination by either type of insurer. The States provide these options because they believe it adds value to competitive offerings they give their workers.

These arrangements do not seem to be a problem or incite ideological issues at the State level. Why should it be so when discussing health reform on the national level?

A public option can go a long way in introducing quality advancements and innovation that many private insurers do not now have the incentive to implement.

Medicare and the veterans health system have spearheaded important innovations in the past, including payment methods, quality of care initiatives, and information technology advancements.

A new public option could also help lead the way in bringing more innovation to the delivery system and introducing new measures to reduce costs and improve quality.

A public option can serve as a benchmark for all insurers, setting a standard for cost, quality, and access within regional or national marketplaces. It can have low administrative costs and can have a broad choice of providers.

Simply put, Americans should have a choice of a public health insurance option operating alongside private plans.

A public option will give Americans a better range of choices, make the health care market more competitive, and keep insurance companies honest.

The key to all this, however, is that a public option will be just that, as I said—an option, not a mandate.

Some people will choose it; others will not. If you like the insurance plan you have now, you keep it. If you are happy with the insurance you get with your employer, or even the individual insurance market, you stay enrolled in that insurance plan. And if you are unsatisfied with the public option, you have the option to switch back to private insurers.

Americans firmly support the ability to choose their own doctor and value their relationships with their providers. So do I.

An overriding goal of health reform is to increase patients' access to affordable, quality health care, and offering a public option can help increase Americans' choices.

I am heartened that I was joined by 26 other Senators several weeks ago in cosponsoring a resolution introduced by Senator BROWN calling for the inclusion of a federally backed health insurance option in health care reform.

Senators who have been involved in health care issues for decades—Sen-

ators KENNEDY, DODD, ROCKEFELLER, HARKIN, BINGAMAN, and INOUE, just to name a few—have all agreed that a public option should be included.

As I said before, I admire the efforts of my colleagues on the Finance and Health, Education, Labor and Pensions Committees who will be drafting our health reform legislation.

They have an important responsibility, and I recognize that they will be debating many options regarding coverage, financing, regulations, and so on.

I simply encourage them to consider seriously a public option as a choice for Americans in any new health insurance exchange.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BEGICH). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SANDERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### HEALTH CARE REFORM

Mr. SANDERS. Mr. President, I think the American people are aware that our country is in the midst of a major health care crisis. That is not a secret to anybody. Forty-six million Americans have no health insurance and, importantly, even more are underinsured, with high deductibles and copayments. Further, some 60 million Americans, including many with health insurance, do not have access to a medical home of their own. In fact, according to the Institute of Medicine, some 18,000 Americans die each year from preventable diseases because they lack health insurance and do not get to a doctor when they should.

I can recall very vividly talking to several physicians in Vermont who told me how people walked into their office, quite sick, and when they asked why they hadn't come in earlier, they said: Well, we don't have a lot of money; we didn't have any health insurance. The result is that those patients died. That happens every single day in this great country.

When we talk about health care, we have to understand that access to dental care is even worse. On top of that, in our Nation, we pay the highest prices in the world for prescription drugs. My State of Vermont borders on Canada, and it is not uncommon for people to go from Vermont to Canada to buy the prescription drugs they need at far lower cost than in America.

In the midst of all of this—the 46 million Americans without health insurance, people being underinsured, and people paying outrageously high prices for prescription drugs—at the end of the day, our Nation pays far more for health care per person than any other country on Earth. Far more. It is not even close. Yet despite the enormous